

From: Legal Advocates for Seniors and People with Disabilities To: Patient Accounts Bureau Page: 1/4 Date: 4/13/2023 9:11:18 AM

Legal Advocates for Seniors and People with Disabilities®

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VIA FACSIMILE

April 13, 2023

Patient Accounts Bureau
PO Box 279
Norcross, GA 30091-0279

Re: Lorna Whitley

[REDACTED]
[REDACTED] GA [REDACTED]

Reference: # [REDACTED]
LASPD file number: 8922

Dear Sir or Madam,

As you know from our previous correspondence, dated November 15, 2022, we represent Lorna Whitley regarding your firm's attempts to collect the above-referenced debt.

In that correspondence, we requested that you cease all further communications with Ms. Whitley. Nonetheless, your firm has continued to contact Ms. Whitley directly, via collection letter. We demand that your firm immediately stop contacting Ms. Whitley and direct all further communications regarding this debt to our office.

Moreover, as we previously informed your firm, Ms. Whitley's income is protected from levy, attachment or garnishment by Federal law. We therefore request that you cease all further collection activities regarding this debt. Additionally, please be advised that our client disputes this debt.

In closing, I am certainly prepared to furnish you with other appropriate information that you may require. If you have any questions, please contact LASPD at 312-263-1633.

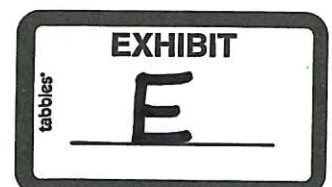
Very truly yours,



Donald Leibsker

Legal Director

Enc.



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CONSENT FORM FOR LEGAL REPRESENTATION

Please allow this form to express my (our) formal consent for Legal Advocates for Seniors and People with Disabilities (LASPD) to provide certain legal representation on my (our) behalf with respect to my (our) debts. LASPD, through its agents, has authority to communicate with all creditors on my (our) behalf. All communication regarding my (our) debts from any and all of my (our) creditors shall be made only through the agents of LASPD. This consent form shall be valid until revoked in writing by the undersigned.

LORNA WHITNEY
FIRST CLIENT'S NAME

SECOND CLIENT'S NAME


FIRST CLIENT'S
SIGNATURE

SECOND CLIENT'S
SIGNATURE

5/20/2018
DATE SIGNED

DATE SIGNED

Please include a **COPY** of just **ONE** of the following **SIGNED** documents:

1. Driver's License **OR**
2. State I.D. Card **OR**
3. Social Security Card **OR**
4. Medicare Card

REMEMBER – YOU JUST NEED TO SEND ONE OF THE ABOVE.

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Please help us to help you. The best way to give creditors a full understanding of your financial profile is by filling out this affidavit as completely, neatly and accurately as possible. This will greatly help our communication with your creditors. Thank you.

AFFIDAVIT OF INCOME AND EXPENSES

A. SOURCES OF INCOME AND GROSS MONTHLY AMOUNTS -- MONEY RECEIVED BY YOU (BEFORE DEDUCTIONS)			
SOURCE OF INCOME	AMOUNT	SOURCE OF INCOME	AMOUNT
Social Security Retirement		Wage Income	
Supplemental Security Income (SSI)		Unemployment Compensation	
Social Security Disability		Rental Income	
Veterans' Benefits		Interest Income	
Workers' Compensation		Other Income (if any, please describe)	
Public Aid (for example, Food Stamps)			
Alimony			
Child Support			
Pension Benefits		TOTAL INCOME	

Over ➔

AFFIDAVIT OF INCOME AND EXPENSES (Continued)

B. MONTHLY EXPENSES – MONEY YOU PAY TO OTHERS			
TYPE OF EXPENSE	MONTHLY AMOUNT	TYPE OF EXPENSE	MONTHLY AMOUNT
Rent/Mortgage <i>Please circle one.</i>		Medical	
Average Utilities (gas, electric, telephone, cell phone, water, etc.)		Dental	
Real Estate Taxes. <i>Be sure to divide the yearly amount by 12.</i>		Religious Affiliation Donations	
Food		Health Insurance	
Car Payment(s)		Life Insurance	
Car Insurance		Home/Renter's Insurance	
Car: Gas & Maintenance		Other Expenses (<i>List</i>)	
Other Transportation Costs			
Reasonable expenses to support a child or parent			
		TOTAL EXPENSES	

Have you ever co-signed a financial document? In other words, have you ever signed a document with another person where they, and not you, were going to get something? _____. If yes, please give us the name of this person, the name of the creditor and the type of debt (e.g., a home loan or a car loan):

GFI Fax transmission report
Fax sent at: 09:14:00 AM, 04/13/2023

All files submitted to server

Fax Status: SUCCESS
To Fax #: 6789697818
To Name:
To Company: Patient Accounts Bureau
From Fax Number: 13122631637
From Voice Number:
From Name: LASPD
From Company: Legal Advocates for Seniors and People with Disabilities
Subject: RE:Lorna Whitley / [REDACTED]
Time Sent: 09:14:00
Date Sent: 2023-04-13
Sending Time: 00:00:02
Total Pages: Cover page plus 4 attached pages.
No comments were included on cover page...

END OF TRANSMISSION REPORT...